



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

VISTA HOSPITAL OF DALLAS
4301 VISTA ROAD
PASADENA TEXAS 77504

Respondent Name

CITY OF DALLAS

Carrier's Austin Representative Box

Box Number 53

MFDR Tracking Number

M4-07-1851-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier only denied payment via payment exception codes '62.' Stating 'payment denied/reduced for absence of, or exceeded, pre-certification/authorization.' Despite contacting Carrier Representative Melinda Bostick on August 8, 2006, who verified this was a valid workers' compensation claims and that this would be claimant's first diagnostic study per rule would not require pre-authorization and approved. A Request for Reconsideration was submitted, with same explanation, the Carrier has not provided payment for the disputed items in dispute provided in the UB-92 which were Fee Codes with a 'MAR' and treatment codes without a 'MAR.'"

Amount in Dispute: \$4,305.74

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Division Rule 134.600(p)(2) states that non-emergency health care requiring preauthorization includes outpatient surgical or ambulatory surgical services. Such services are defined by Division Rule 134.600(a)(6): Outpatient surgical services are surgical services provided in a freestanding surgical center or a hospital outpatient department to patients who do not require overnight hospital care. In this matter, the Discography was performed in just such a freestanding surgical center. Indeed, even the operative report confirms this: 'The patient was admitted to day surgery for the outpatient procedure.' As such the Requestor was obligated to seek and obtain preauthorization prior to performance of the service. The Requestor sought preauthorization but the Respondent twice denied it – once on July 19, 2006, and once on August 7, 2006. Still, the Requestor performed the service in the absence of the requisite preauthorization. Division Rule 134.600(c)(1)(A)-(D) lists the only situations under which the Respondent might find itself liable for the discography at issue in this dispute. Those are as follows: an emergency; preauthorization was approved prior to providing the health care; or when ordered by the Commissioner. The Requestor meets none of the above criteria, this is ineligible for reimbursement."

Response Submitted by: Harris & Harris, PO Box 91569, Austin, TX 78709

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 8, 2006	Outpatient Hospital Services	\$4,305.74	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the procedures for obtaining preauthorization for certain services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated September 12, 2006
 - 63 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

Issues

1. Did the requestor submit the request for medical fee dispute resolution in accordance with 28 Texas Administrative Code §133.307?
2. Did the requestor obtain preauthorization in accordance with 28 Texas Administrative Code §134.600(h)(2)?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor submitted the request for medical fee dispute resolution in accordance with 28 Texas Administrative Code §133.307.
2. In accordance with 28 Texas Administrative Code §134.600(h)(2) non-emergency health care requiring preauthorization includes outpatient surgical or ambulatory surgical services, as defined in subsection (a) of this section. Section (a)(4) defines outpatient surgical services as surgical services provided in a free standing surgical center or a hospital outpatient department to patients who do not require overnight hospital care. Documentation submitted does not support that the outpatient surgical services were preauthorized.
3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement.

Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is not due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 14, 2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.